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FEC FORM 1	STATEMENT OF ORGANIZATION	Office Use Only
NAME OF COMMITTEE (in to the committee committee)	(Check if name Example:If typing, type is changed) over the lines.	12FE4M5
CHAMBLI :	SIS FOR SENATE	
ADDRESS (number and (Check if addiss changed)	d street)	6A BO364-111
	CITY	STATE ZIP CODE
COMMITTEE'S E-MAII	L ADDRESS (Please provide only one e-mail address)	
(Check if a is changed		
COMMITTEE'S WEB I  (Check if ac is changed)		
2. DATE	H 01 2010	
3. FEC IDENTIFICA	TION NUMBER C. 0.0.2.6.6.93.2	
4. IS THIS STATEM	ENT NEW (N) OR MENDED (A)	
I certify that I have ex	tamined this Statement and to the best of my knowledge and belie	f it is true, correct and complete.
Signature of Treasurer	Mierel Sant	- Date 04 01 200
NOTE: Submission of fa	alse, erroneous, or incomplete information may subject the person signin  ANY CHANGE IN INFORMATION SHOULD BE REPORTED	

Office Use Only		For further Information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)
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